LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS
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CHILDCARE ASSISTANCE PROGRAM
REINSTATEMENT FORM

APPLICANT/PARTICIPANT NAME:_____

Has there been a changes to your Name, Address or Telephone Number since your initial application was completed? ☐**Yes** ☐**No** **If yes, please complete the appropriate change.**

Name: _____
Mailing Address: _____
Physical Address: _____
Home Telephone: _____ **Work Telephone:** _____

Please list all eligible children requiring Child Care Assistance.

Child's Name	Birth date	Social Security #	Sex	Tribal #	Current Age

Has there been any changes to your household's employment or wages since the initial application was completed?
☐**Yes** ☐**No** **If yes, please complete the appropriate change.** **(All parents/guardians are required to submit proof of past 30 day income.)**

	Name	Social Security #	Action: Explain Change	New Wage
1				
2				

Briefly describe circumstances leading to the interruption in Day Care Services: _____
_____
_____
_____

Who provided your day care during your absence from the program?: _____

Please provide the following Provider Information. Will you be using one or more of the same Providers listed on your initial application? ☐**Yes** ☐**No** **Please provide the Names and Type of Care of your Provider. Is the Provider Agreement and W-9 current?**
Provider Name: _____
Type of Care: ☐ **Relative** ☐ **In Your Home** ☐ **Group/Family Child Care** ☐ **Center Based**

I certify that all the answers given are true, complete and correct, and further understand and agree that the information provided will be used to determine continued eligibility for Childcare Assistance. As agreed upon in my initial application, I attest that I have reported all changes in my household composition and/or household income within the required 10 days of change. I understand that any false information or misrepresentation is considered fraud and is subject to prosecution and immediate termination from the child care assistance program.

_____ _____
Applicant/Participant Signature ***Date***